



Administrative Policies and Procedures: 20.7

Subject:	TENNderCARE Early Periodic Screening Diagnosis and Treatment Standards (EPSDT)
Authority:	TCA 37-5-106
Standards:	DCS 7-106 A, 7-108 B, 7-109 B, 7-111 B, 7-112 B, 7-113 C, 7-114 C, 7-115 C, 7-120-C, 7-121 C, and 8-306 ACA 3-JCRF-4C-11, 3-JCRF-4C-25, 3-JTS-4C-23, and 3-JTS-4C-25
Application:	All DCS Staff

Policy Statement:

All children/youth in DCS custody shall receive timely and appropriate health care services. Prevention-oriented services promote the early identification of conditions that can impede children's natural growth and development and also cover the diagnostic and treatment services necessary to ameliorate acute and chronic physical and mental conditions. EPSDT is the gateway through which DCS can access services to meet the physical and emotional health care needs of children and youth in DCS custody.

Purpose:

Many children/youth in the foster care system have multiple and complex medical, mental health, and developmental needs. Providing a range of preventative and therapeutic health care services supports the overall development and well-being of children/youth in foster care and increases their ability to find permanence and to grow to become healthy adults.

Procedures:

A. EPSDT/TENNder CARE Defined	<ol style="list-style-type: none">1. Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) is the Federal Medicaid (TennCare) program intended to provide preventive health care for children/youth enrolled in a state Medicaid program.2. TENNderCARE is the name of the EPSDT program in Tennessee. DCS coordinates EPSDT services for all children in care including those who are not TennCare eligible. TENNderCARE provides periodic screenings, diagnostic services, and all medically necessary treatments.
B. EPSDT Screening Guidelines	<ol style="list-style-type: none">1. An EPSDT screening consists of seven components:<ul style="list-style-type: none">◆ Comprehensive health and developmental history

	<ul style="list-style-type: none">◆ Comprehensive unclothed physical exam◆ Age-appropriate immunization◆ Age-appropriate lab tests◆ Health education◆ Vision screen◆ Hearing screen <p>2. The American Academy of Pediatrics indicates that children and youth should have an EPSDT screen at the following ages:</p> <table><tr><td>At birth</td><td>4 months</td><td>15 months</td></tr><tr><td>2-4 days</td><td>6 months</td><td>18 months</td></tr><tr><td>1 month</td><td>9 months</td><td>24 months</td></tr><tr><td>2 months</td><td>12 months</td><td>Yearly until age 21</td></tr></table>	At birth	4 months	15 months	2-4 days	6 months	18 months	1 month	9 months	24 months	2 months	12 months	Yearly until age 21
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C. Evaluation of Health Status upon Entry into Custody	<p>1. The Court Liaison Child Protective Services or other designated staff is to complete form CS 0543, Well-Being Information and History on all children/youth placed in DCS custody.</p> <p>2. A copy of form CS-0543 must be sent to the DCS Regional Nurse no later than the next business day after the child/youth enters custody. A copy of form CS-0543 must also be provided to the parent/guardian and the caregiver/placement provider.</p> <p>3. The DCS Regional Nurse must review form CS-0543 within 72 hours of the child's/youth's entry into custody to identify the need for immediate health care, including assessment for infectious and communicable diseases.</p> <p>4. The DCS Regional Nurse will alert appropriate case management staff if any immediate healthcare need is identified. The DCS Regional Nurse will assist as necessary to ensure the child/youth receives the appropriate health services.</p>												
D. Required Health Information	<p>1. Well-Being Information and History:</p> <p>The completed form CS-0543, Well-Being Information and History, should “travel with the child/youth” to each placement and should be taken to all health related appointments, including EPSDT, dental, and mental health care.</p>												

	<p>2. Immunization Records:</p> <p>The Family Service Worker (FSW) will request immunization records from the parent, previous health care provider, health department, or last school attended as soon as possible after the child/youth comes into custody. A copy of the immunization record must be provided to the caregiver/placement provider. If immunization records or documentation of disease cannot be obtained, and then appropriate immunizations must be provided. A parent claiming conscientious or religious exemption from immunizations for their child must provide a notarized statement.</p> <p>3. Health Orientation and Initial Screening for Youth Development Centers and DCS Group Homes:</p> <ul style="list-style-type: none"> a. At Youth Development Centers, health care personnel will perform an intake screening and health orientation on all youth upon their arrival at the facility. b. At DCS Group Homes, designated staff will perform an intake screening and health orientation on all youth upon their arrival at the facility c. This screening is documented on form CS 0114, Health Screening for Youth in Residential Treatment Facilities. <p>4. Cultural Information:</p> <p>It is important that information about the child/youth's religious, racial, ethnic and cultural background, sexual orientation, and developmental level be communicated to the health care provider. This impacts their health care needs and facilitates assessments being conducted in a culturally responsive manner. Resources can also be identified that increase service participation and support the achievement of agreed upon goals.</p>
<p>E. EPSDT Screening for Children Placed in Resource Homes, DCS Group Homes or with Private Provider Agencies</p>	<p>Due to EPSDT documentation requirements, all EPSDT screenings must be accessed at the Health Department. Special arrangements for the screening provider have been made for children placed in Davidson County; contact the DCS Regional Well-Being Unit for this information.</p> <p>1. Initial EPSDT Screening</p> <p>Children/youth in DCS custody must receive an initial EPSDT screen conducted by the local Health Department within thirty (30) days of the date of custody. Appointments for the initial EPSDT screening are to be made as soon as feasible after a child comes into DCS custody, but no later than seven calendar days from the date of custody.</p> <p>2. Annual EPSDT Screening</p> <p>Children/youth in DCS custody must receive an annual EPSDT screening</p>

conducted by the local Health Department in accordance with the American Academy of Pediatrics periodicity schedule.

- a) The annual EPSDT screening must occur within 365 days from the previous screening.
- b) Children under 24 months of age will be seen on a more frequent basis according to the periodicity schedule.
- c) Any youth remaining in DCS legal custody after age 18 years continues to receive EPSDT screenings until they exit custody.

3. Health Department Waivers

- a) Waivers to receive the EPSDT screening by a provider other than the Health Department may only be obtained for an individual child based upon the best interests of that child; they are not granted for convenience of staff, resource parents or an agency.
 - ◆ If it is in the best interest of the child to NOT to receive the EPSDT screening at the Health Department, the FSW shall notify the DCS Regional Nurse.
 - ◆ The DCS Regional Nurse will write an explanation of the child's situation and why it is not in the best interest of the child to go to the Health Department for his/her EPSDT screen.
 - ◆ The DCS Regional Nurse will send this explanation to the Nursing Director for the Regional Health Department Office.
 - ◆ For the rural regions, the Health Department Nursing Director e-mails or faxes the letter to the EPSDT Coordinator for the Department of Health. Approval will be granted and response sent back to the Nursing Director in the Regional Health Department Office who will notify the DCS Regional Nurse. In the Metro regions a local Medical Director may approve the waiver.
- b) Children who qualify for an exception to the EPSDT screening policy may include:
 - ◆ Children who are medically fragile and/or terminally ill and attendance at the local health department would be an extreme hardship or medically risky,
 - ◆ Children who are medically fragile and require ambulance transport (e.g., a child who is ventilator-dependent),
 - ◆ Children in detention who pose an extreme physical threat to health department or DCS staff or who have a heightened runaway risk, or
 - ◆ Children with acute psychiatric problems whose safety would be

	<p>jeopardized by transport outside of a secure facility.</p> <ul style="list-style-type: none"> ◆ Other children as determined by the DCS Regional Nurse on a case-by-case basis.
F. Appointment Guidelines	<ol style="list-style-type: none"> 1. It is the responsibility of the FSW to ensure necessary EPSDT services are received. The FSW will work with the parent/guardian, resource parent, DCS Group Home, or private provider agency staff to schedule appointments, to transport children to appointments, and to obtain documentation of the rendered service (see Section G Documentation). 2. The FSW, resource parent, DCS Group Home or private provider agency staff must accompany the child/youth to the appointment. 3. Private insurance and TennCare require the use of their network providers. Check with the insurance company for a list of participating providers before scheduling an appointment. 4. If there are any access issues with obtaining EPSDT services, contact the DCS Regional Well-Being Unit for assistance, which may include filing an appeal. 5. Unless medically contraindicated or refused by a mature minor, age 14 years or older, as determined by the health care provider, the TENNderCARE EPSDT screening must be complete and consist of all 7 components. 6. When available, the following information must accompany the child/youth to any EPSDT service appointment: <ul style="list-style-type: none"> ◆ Proof of Insurance – TennCare card, private insurance card, or other proof of insurance coverage. If the child does not have insurance coverage, contact the Regional Fiscal Team for reimbursement information. ◆ Authorization for Routine Health Services for Minors- Form CS-0206 ◆ Well-Being Information and History - Form CS-0543 ◆ Immunization record (as appropriate) 7. If an item listed above is not provided, the FSW, resource parent, Group Home or private provider agency staff shall explain why the document is not available and make arrangements to provide the missing information at the earliest possible time to the healthcare provider.

<p>G. EPSDT Screening Confirmation and Documentation of EPSDT Services</p>	<p>1. EPSDT Confirmation Letter</p> <p>Upon completion of the EPSDT screening, the Health Department, or other EPSDT screening provider as described in Section E, will fax a letter to the Primary Care Provider and to the DCS Regional Well-Being Unit within two (2) working days. The letter will confirm if all seven components of the screening were completed, which components were missing, and any finding that should be referred to the Primary Care Provider.</p> <ul style="list-style-type: none"> a) The DCS Regional Nurse will review each EPSDT screening confirmation letter to determine if all seven components were completed and to determine if the child/youth needs follow-up referrals. The FSW will receive a copy of the EPSDT confirmation letter for inclusion in the child's case file. The DCS Regional Nurse will provide instructions for follow-up to the FSW and other appropriate DCS staff. b) The DCS Regional Well-Being SAT Coordinator will enter the results of the EPSDT screening, the status of the seven components, and any identified follow-up service needs into TNKids within three (3) working days after the date the letter was received. c) The FSW is responsible to provide a copy of the EPSDT confirmation letter with follow-up instructions from the DCS Regional Nurse to the child's caregiver. d) The FSW shall arrange for the follow-up services or coordinate with the child's caregiver to ensure the child receives the necessary care. <p>2. Health Department Laboratory Letter</p> <p>The Health Department will fax abnormal laboratory results from the EPSDT screening to the Primary Care Provider and the DCS Well-Being Unit when they are available. The review, communication, and follow-up for abnormal laboratory results will be completed as outlined above in Section G #1.</p> <p>3. Health Services Confirmation and Follow-Up Notification</p> <ul style="list-style-type: none"> a) Whenever a child receives any type of health service (except for the EPSDT screening), form CS-0689, Health Services Confirmation and Follow-Up Notification, should be given to the provider, with a request that the form be completed or the information provided. b) This completed form or information should be provided to the DCS Regional SAT Coordinator, who will ensure that the information is documented in TNKids and provided to the FSW. The form may be used to provide information to private provider agencies, DCS staff, resource parents and the PCP about the services received by children in their care. c) TNKids reports on identified services will be used by the FSW and regional
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	leadership to ensure the child/youth receives the designated services.
H. Other Special Circumstances	<p>1. Children Presenting with Complex Illnesses</p> <p>The FSW must inform the DCS Regional Well-Being Unit liaison about any child/youth in state custody that presents with complex medical or mental health conditions.</p> <p>a. Youth on Runaway</p> <p>Any child/youth that has been on runaway for 48 hours or more should have an interperiodic EPSDT screening at the Health Department or their Primary Care Provider upon return to custody.</p> <p>b. Children in Adoptive Placements</p> <p>After an adoption becomes final, the adoptive parents make all healthcare decisions for their children and although the child/youth may have access to TennCare, their parents are ultimately responsible for the cost of their care.</p>
I. Payment for Services	<ol style="list-style-type: none"> 1. Some children in custody remain eligible for private insurance under their legal parent/guardian's health care plan. Private insurance is primary to TennCare coverage. If the child/youth is covered by private insurance, obtain specific information from the parent/guardian regarding the insurance company and benefit package. Obtain a copy of the insurance card. Contact the private insurance plan for a list of participating healthcare providers in your area. 2. Co-pays are the responsibilities of the parent/guardian (holder of the policy). If you cannot obtain a co-pay from the parent/guardian, you may access flex funds or contact the DCS Regional Fiscal team for assistance. 3. If the private insurance plan does not cover EPSDT or related expenses and the child is covered by TennCare, TennCare may be accessed. Contact the DCS Regional Well-Being Unit for further assistance. 4. TennCare covers all medically necessary services. 5. If the child/youth is not covered by private insurance and is not eligible for TennCare, contact the DCS Regional Fiscal Team for reimbursement information. 7. Youth in detention, who will not be transitioning to a Youth Development Center, may access TennCare for an EPSDT screening and any other identified health care needs.

<p>J. Health Services for Youth Placed at Youth Development Centers (YDC)</p>	<p>1. Initial Physical Exam</p> <p>a) The contract physician or designee must complete the initial physical exam for each youth within seven (7) calendar days from the date of admission and can be documented on form CS-0708, EPSDT Physical Examination. Additional diagnostic procedures or consultations may be ordered based on identified problems or individual risk factors.</p> <p>b) Any youth requiring medical supervision will be identified and an individual treatment plan developed, including directions to health care staff and other personnel regarding their roles in the care and supervision of the youth. Health care personnel must inform YDC Case Managers and living unit Youth Service Officers of health related conditions that affect the placement or progress of youth within the facility.</p> <p>2. Annual EPSDT</p> <p>All youth will have an annual EPSDT screening, conducted by the contract physician or designee. The provider will then update the individual treatment plan.</p> <p>3. Health Prosthetics</p> <p>a) Prior to ordering a prosthetic device, health care personnel should verify that the youth will be remaining in the physical custody of DCS for the length of time necessary to manufacture, fit, and adjust it to the youth. The youth must sign and date a receipt for all items received and the receipt must be filed in the health record under "Miscellaneous."</p> <p>b). Such devices must remain the property of DCS until such time as the youth is released from the YDC. Willful or negligent damage, destruction, or loss of issued prosthetic devices may result in disciplinary action. Additional replacement or repair costs may be the responsibility of the youth and/or their parent or legal guardian.</p>
<p>K. Medical Referrals for all Children in DCS Custody/ Guardianship</p>	<p>Referrals for specialty services must be arranged through the PCP or YDC contract physician. Some healthcare services require prior authorization and must be coordinated with the TennCare MCO, BHO, or private insurance company. In some cases, specialists can be accessed directly if referred by a hospital emergency department.</p>
<p>L. Health Services that are not medically necessary</p>	<p>1. For children and youth who have TennCare, TennCare makes a determination about what health services are covered based on medical necessity. Cosmetic and elective surgeries/procedures are not routinely covered by TennCare because they are not considered to be medically necessary. For children and youth who have private insurance, their benefit package and insurance</p>

	<p>companies determine what health services are covered.</p> <p>2. DCS authorizes cosmetic and/or elective surgery or procedures only when it is determined to be in the best interest of the child/youth, and is determined on a case by case basis as recommended by the child and family team. Decisions to approve cosmetic or elective surgery will be made at the DCS Executive Director level in consultation with the healthcare provider and the child and family team. At the YDCs, the superintendent will make the decision regarding surgery/procedures that are not medically necessary in consultation with the Executive Director as appropriate.</p> <p>3. Examples of situations in which DCS would authorize such procedures include:</p> <p>a) Elective surgery to correct a substantial functional defect or existing pathological condition or when the delay in performing surgery could have a detrimental effect of the future health of the child/youth or will cause physical or emotional distress to the child/youth.</p> <p>b) Cosmetic surgery when there are clear indications that such surgery will have a major impact on the rehabilitation of the child/youth or when other major factors are involved, such as serious psychological impact of not having the surgery as determined by the attending physician.</p> <p>4. DCS does not permit the use of service modalities and interventions defined as non-traditional or unconventional within the medical community.</p>
Forms:	<p><u>CS-0543, Well-Being Information and History</u></p> <p><u>CS-0114, Health Screening for Youth in Residential Treatment Facilities</u></p> <p><u>CS-0708, EPSDT Physical Examination</u></p> <p><u>CS-0689, Health Services Confirmation and Follow Up Notification</u></p> <p><u>CS-0206 Authorization for Routine Health Services for Minors</u></p>
Collateral Documents:	<p>TENNderCARE EPSDT Screening Confirmation Letter</p> <p>Health Department Laboratory Letter (if applicable)</p>